



City of South Miami | Parks and Recreation Department  
Fee Assistance Application 2016  
p: 305-668-3867 | f: 305-668-7388 | e: [parks@southmiamifl.gov](mailto:parks@southmiamifl.gov)

#### FEE ASSISTANCE OVERVIEW

The City of South Miami Parks and Recreation Department offers a fee assistance program to assist economically disadvantaged families by giving them an opportunity to participate in the City's swim lesson program for a decreased cost.

#### HOW DO I APPLY

1. Have a Family Account established with the Parks and Recreation Department. If you do not currently have one, this will be done when you turn in your application.
  - Families WILL NOT be eligible for this program until all outstanding balances are paid in full.
2. Complete application.
3. Provide following documents:
  - a. Proof of Income: last 3 pay stubs, copy of social security income benefit letter, or copy of AFDC/Food Stamp Print-out
  - b. Proof of Residency: State of Florida license or State of Florida ID or a valid ID with a South Miami utility bill will be accepted.
4. Turn in your application with qualifying documents to the Gibson-Bethel Community Center.

#### HOW IT WORKS

Fee assistance is available for City of South Miami residents only. You must complete the application in full. Once approved for the Fee Assistance Program you will receive a 50% discount on group swim lessons for children ages 3 to 17 of a qualifying household. Family fee assistance is valid through September 18, 2016. Applications must be received two weeks prior to the start of the swim lesson session. Funding is limited. First come, first serve.

The discount is 50% off of a full price swim lesson.



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APPLICANT INFORMATION		
Head of Household <b>LAST</b> Name:		First Name:
Best Contact Phone #:		Email Address:
Current Address:		
City:	State:	Zip:
NAMES OF IMMEDIATE FAMILY HOUSEHOLD MEMBERS		
Family members eligible are parents, grandparents, children, step-children, and adopted children <u>all residing in the same household/address</u> . No additional people can be added to the account unless a new application is filed.		
1.	DOB:	Relationship:
2.	DOB:	Relationship:
3.	DOB:	Relationship:
4.	DOB:	Relationship:
5.	DOB:	Relationship:
6.	DOB:	Relationship:
SUPPORTING DOCUMENTS		
How much money the household receives monthly? (wages, family assistance, loans/grants, child support, government assistance, unemployment, pensions, etc. for all adults named above):		
<input type="checkbox"/> Last three pay stubs		<input type="checkbox"/> FL Driver's License or ID
<input type="checkbox"/> Social security income benefit letter		<input type="checkbox"/> ID and Utility Bill
<input type="checkbox"/> AFDC/Food Stamp Print-Out		
ADDITIONAL INFORMATION YOU WISH TO OFFER		
APPLICANT SIGNATURE		
I hereby certify that all the statements contained herein are true to the best of my knowledge; I understand that omissions, misstatements and falsifications may be cause for rejection of this application.		
Signature of Applicant:		Date:

STAFF USE ONLY		
Approved %: _____	Not Approved: _____	Approved By: _____
Supporting Documents Submitted: _____		
Date: _____		
Additional Notes: _____		